

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027604
STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7384

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS, MO.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AV.		Length of stay in lb 4 DAYS	d. STREET ADDRESS (If outside, give location) 4808A WASHINGTON AVE.
3. NAME OF DECEASED (Type or print) First Middle Last JOHN L. WRIGHT		4. DATE OF DEATH Month Day Year 7/24/58	
5. SEX MALE 2	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/14/22
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED - MA CHANIC		9b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	9. AGE (In years last birthday) 36 YEARS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED - MA CHANIC		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) LEXINGTON, MISSISSIPPI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME CLEVELAND WRIGHT	
14. MOTHER'S MAIDEN NAME UNKNOWN		15. NAME OF HUSBAND OR WIFE EMMA WRIGHT	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		17. SOCIAL SECURITY NO. 428-02-5542	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE FAILURE Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) MYOCARDITIS DUE TO (c) PNEUMONITIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - - - - -		INTERVAL BETWEEN ONSET AND DEATH 14 DAYS - 492X -	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION VAH, ST. LOUIS, MO.		COUNTY STATE	
21. Attended the deceased from 7/20/58 to 7/24/58 and last saw him alive on 7/24/58 Death occurred at 4:35 PM m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Charles G. Thierauf M.D.	
22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 7/25/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 7-31-58	
23c. NAME OF CEMETERY OR CREMATORY CHARLES G. THIERAUF, M.D. National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
24. FUNERAL DIRECTOR E.B. Koonce 1221 N. Grand Blvd.		25. DATE RECD. BY LOCAL REG. JUL 28 '58	
26. REGISTRAR'S SIGNATURE J. Paul Smith M.D. mgs.			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

William Blackburn

Licensed Embalmer No. *3962*

P. O. Address *1221 N. Grand*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.